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By:

Mary K. Zimmerman

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Heinz-Josef LENZ et al.

Serial No.: 10/522,664

Group Art Unit: Not Yet Assigned

based on

Int'l Appl. No.: PCT/US2003/024065

Examiner: Not Yet Assigned

Int'l Filing Date: 31 July 2003

For: POLYMORPHISMS FOR
PREDICTING DISEASE AND
TREATMENT OUTCOME

COMMUNICATION OF MISSING REQUIREMENTS
UNDER 35 U.S.C. 371 IN THE UNITED STATES
DESIGNATED/ELECTED OFFICE (DO/EO/US)

Mail Stop PCT, Attn. RO/US
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

To date, Applicants have not received a Notification of Missing Requirements Under 35 U.S.C. 371 in the United States Designated/Elected Office (DO/EO/US) from the United States Receiving Office for the above-identified application. Listed below are those documents which Applicants believe completes any response to said Notification which may be issued by the United States Receiving Office.

- ☒ Declaration for Utility Patent Application - 4 pages. Applicants note that the payment of surcharge for late filing of Declaration was made at the time of filing.
- ☒ Power of Attorney by Assignee (with copy of assignment recorded under separate cover) - 5 pages.

- ☒ Statement Claiming Small Entity Status under 37 CFR § 1.27(a)(3)(ii)(A) - Nonprofit Organization - 1 page.
- ☒ Change of Correspondence Address *Application* - 1 page.
- ☐ Copy of Notification of Missing Requirements Under 35 U.S.C. 371 in the United States Designated Office/Elected Office (DO/EO/US) dated .
- ☐ Request for Refund under 37 CFR 1.28(a) for the overpayment of the filing fee and surcharge.
- ☒ Other: Information Disclosure Statement (4 pages), Form PTO/SB/08a (1 page), Form PTO/SB/08b (3 pages), 37 references
- ☒ Postcard Receipt.
- ☐ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☐ Check in the amount of \$ _____, Check No. _____ to cover the Total Fees due is enclosed.
- ☐ Please charge the above fee(s) to Deposit Account No. 50-1189, Atty. Ref. *, in the amount of \$* to cover the above fees.
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees due or credit any overpayment to Deposit Account No. 50-1189, Atty. Ref. 7039732001.

Having now complied with all of the requirements of 35 U.S.C. 371, Applicants respectfully request that this application be placed upon the files for examination.

Respectfully submitted,

Dated: 3 August 2005

By: 
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